PUBLIC ACCES SYSTEM
ELECTRONIC FILING COVER SHEET DIVIDION OF CORPORATIONS FROM: CORPORATE CREATIONS INVERNATIONAL IN CONTACT: CONTORNE CREATIONS INVESTGE 401 OCEAN DR
SUITE 312
MIAMI BEACH FL 33139-0000
CONTACT: JOHNNY C ROBRIQUEZ
PHONE: (305) 672-0666
PAO: 470-0440 DEPARTMENT OF STATE STATE OF FLORIDA 409 EAST GAINES STREET TALLAHASSISM, FL 32399 FAX: (904) 922-4000 FAX: (305) 672-9110 FYPE: FLORIDA NON-PROFIT CORPORATION (((1196000001658))) DOCUMENT TYPE: NAME: FUNCTIONAL DODY GEAR II INC. FAX AUDIT NUMBER: H96000001658 CURRENT STATUS: REQUESTED DATE REQUESTED: 02/02/1996 TIME REQUESTED: 17:38:02 CERTIFICATE OF STATUS: 1 METHOD OF DELIVERY: FAX CERTIFIED COPIES: 0 NUMBER OF PAGES: 4 ESTIMATED CHARGE: \$78.75 ACCOUNT NUMBER: 073171003004 Note: Please print this page and use it as a cover shoot when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000001658))) ** ENTER 'M' FOR MENU, ** INTER SELECTION AND <CR>:

> FILED 55 FEB -5 PH 2: 25 PALLAHIASSEE, FLORDA

17 1310H OF COMPLOR VITOR 30 EEB -2 LH 15-24

BECHINED

Articles of Incorporation of Functional Body Gear II Inc.

Article I. Name

The name of this Florida corporation is: Functional Body Gear II Inc.

S-833 S8	-r:
PH 2: 25	(I)

Article II. Address

The mailing address of the Corporation is:

Functional Body Gear II Inc. 33-B Venetian Way, #60 Miami Beach FL 33139

Article III. Capital Stock

The Corporation shall have the authority to issue 2,000 shares of common stock, par value \$.01 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

Corporate Creations Enterprises, Inc. 4521 PGA Boulevard, Suite 211 Palm Beach Gardens FL 33418

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation.

H96000001658

The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

Mark Melancon

Article VI, Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc. 401 Ocean Drive • Suite 312 • Door Code #125 Miami Beach FL 33139-6629

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective February 2, 1996

The authorized representative of the incorporator executed these Articles of Incorporation on February 5, 1996

Corporate Creations International Inc.

By: Joseph P. Mata Vice President

CERTIFICATE OF DESIGNATION REGISTERED AGENT AND REGISTERED OFFICE

CORPORATION:

Functional Body Goar II Inc.

REGISTERED AGENT:

Corporate Creations Enterprises, Inc. 4521 PGA Boulevard, Suite 211 Palm Beach Gardens FL 33418

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Corporate Creations Enterprises, Inc.

Date: February 5, 1996

FILED
96 FEB -5 PH 2: 25
SECRETARY OF STATE
SECRETA

96000011086

Re	questor's Name	
	Address	I di to it ii), o i o o o o o o o o o o o o o o o o o
PUNGTIONAL 1880 We Mines De	BODY GEAR, INC. shington Ave. ssh, Pf 83139	Office Use Only
	TUMB	ER(S), (if known);
I.	* **	
(Corp	oration Name) (Doein	nent#)
2. (Com	oration Name) (Docum	
3	(Docum	nent #)
(Согра	vation Name) (Docum	nent #)
Compa	(Docum	ient #)
□ Walk in □	Pick up time	Па и
☐ Mail out ☐)	Certified Copy
·	Will wait Photocopy	Certificate of Status
SEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	11 11 11 11 11 11 11 11 11 11 11 11 11
Limited Liability	Change of Registered Agent	7 P
Domestication	Dissolution/Withdrawal	
Other	Merger	97 JAH 27 PH I2: 50 SECRETARY AT STANDARY ALLAHASSEE, FLORI
OTHER FILINGS	DECICED LETTO	25. ©U.
Annual Report	REGISTRATION/ QUALIFICATION	o CA
ictitious Name	Foreign	a ph chy
Jame Reservation	Limited Partnership	DATE
	Reinstatement	VI VIVI
	Trademark	
Γ	Other	

Examiner's Initials

Other

Florida Department of State, Sandra B. Mortham, Secretary of State

.STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

".		
Pursuant to the provisions of sections 607.0502, 617.0; undersigned corporation organized under the laws of the submits the following statement in order to play the		
submits the following statement in order to change its re State of Florida.	gistered office or registered age	ent, or both, in the
1. The name of the corporation is: FUNCTIONS		
2. The mailing address of the corporation is: 33 8	VENETIAN WAY #	60
MIAM'S BEACH, FL 33139		
 3. Date of incorporation/qualification: 2/5/96 4. The name and address of the current registered agent as 	ia omce;	740000 11080
CORPORATE CRUATIONS	Enteronise & IN	
401 OCETAL DRIVE	Suite 3/2	en in
Miami BEACH, FL 33	139	
5. The name and address of the new registered agent and o	office: (P.O. Box Not Acceptable	9
MARIL MELANCON C/O FUNCTIONAL BOOY GE	ות) נוז	
1253 WASHINGTON AV	E 🗢	12: 5 13: 5
MIAMI BUACH, PL 331.	19	₩ œ
The street address of its registered office and the street add agent, as changed, will be identical.	ress of the business office of its	registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an o	fficer so
Mark Wall	, ,	
(Signature of an officer, chairman of vice chairman of the board)	(Date)	
MARK MELANCON PA	LESIDENT	
Having been named as registered agent and to accept servi I hereby accept the appointment as registered agent and agent and agent and agent and agent and agent and I am familiar with and accept the obligation of my posi	and title) ce of process for the above state ree to act in this capacity. I fur per and complete performance (ed corporation, ther agree to of my duties
Mark Mel	uon as registered agent.	,
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)	_
MARK MELANCON		
(Typed or Printed Name) CR2E045(1/95)	(Capacity)	

FILING FEE: \$35.00